STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation		
115497	CBT/Childs Bertman Tseckares Inc.		
3. Street Address Principal Business Office	City	State	Zip
110 CANAL STREET	BOSTON	MA	02114
4. Business Phone No.	5. State of Incorporation		6. SIC Code
617-262-4354	MASSACHUSETTS		7682

7. Brief Description of the Character of Business Conducted in Rhode Island
THE PRACTICE OF ARCHITECTURE

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
CHARLES N. TSECKARES	4 DIX STREET	WINCHESTER	MA	01890

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
MAURICE F. CHILDS	136 RAWSON ROAD	BROOKLINE	MA	02445

Treasurer Name	Street Address	City	State	Zip
RICHARD J. BERTMAN	159 WARD STREET	NEWTON	MA	02159

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☑ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
JAMES MCBAIN	23 CORDIS STREET	WAKEFIELD	MA	01880

Director Name	Street Address	City	State	Zip
ROBERT A. BROWN	97 WARREN AVENUE	BOSTON	MA	02116

Director Name	Street Address	City	State	Zip
MARGARET DEUTSCH	POST OFFICE BOX 324	BOSTON	MA	02114

Director Name	Street Address	City	State	Zip
DAVID HANCOCK	5 RIDGEWOOD DRIVE	MALDEN	MA	02148

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
12,000 COMM NO PAR VALUE			10,000	CLASS A	NO PAR
			1,000	CLASS B	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 115497 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Charles N. Tseckares — Feb. 17, 2005
Signature of Officer — *Date*

CHARLES N. TSECKARES
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

File Date 2/25/05
Check No. 055895
By: D.
FOR SECRETARY OF STATE USE ONLY

CBT/Childs Bertman Tseckares Inc.
(Corporate ID No. 115497)

Annual Report for 2005

Additional Directors

Christopher Hill
3 Wolcott Avenue
Andover, MA 01810

Alfred Wojciechowski
43 Halcyon Road
Newton, MA 02459

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AND PROVIDENCE PLANTATIONS
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Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
115497	CBT/Childs Bertman Tseckares Inc.		
3. Street Address Principal Business Office	City	State	Zip
110 CANAL STREET	BOSTON	MA	02114
4. Business Phone No.	5. State of Incorporation		6. SIC Code
617-262-4354	MASSACHUSETTS		7682

7. Brief Description of the Character of Business Conducted in Rhode Island
THE PRACTICE OF ARCHITECTURE

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
CHARLES N. TSECKARES	4 DIX STREET	WINCHESTER	MA	01890

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
MAURICE F. CHILDS	136 RAWSON ROAD	BROOKLINE	MA	02445

Treasurer Name	Street Address	City	State	Zip
RICHARD J. BERTMAN	159 WARD STREET	NEWTON	MA	02159

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☑ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
JAMES MCBAIN	23 CORDIS STREET	WAKEFIELD	MA	01880

Director Name	Street Address	City	State	Zip
ROBERT A. BROWN	97 WARREN AVENUE	BOSTON	MA	02116

Director Name	Street Address	City	State	Zip
MARGARET DEUTSCH	POST OFFICE BOX 324	BOSTON	MA	02114

Director Name	Street Address	City	State	Zip
DAVID HANCOCK	5 RIDGEWOOD DRIVE	MALDEN	MA	02148

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ — 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
12,000 COMM NO PAR VALUE			10,000	CLASS A	NO PAR
			1,000	CLASS B	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 115497 [redacted]

115497 FBC 02/04/04 12:38:54 PM
File Date 2/13/04
Check No. 053240
By:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Charles N. Tseckares 2/12/04
Signature of Officer *Date*

CHARLES N. TSECKARES
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

CBT/Childs Bertman Tseckares Inc.
(Corporate ID No. 115497)

Annual Report for 2004

Additional Directors

Christopher Hill
3 Wolcott Avenue
Andover, MA 01810

Alfred Wojciechowski
43 Halcyon Road
Newton, MA 02459

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
115497	CBT/Childs Bertman Tseckares Inc.			
3. Street Address Principal Business Office		City	State	Zip
110 CANAL STREET		BOSTON	MA	02114-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	MASSACHUSETTS			7682
7. Brief Description of the Character of Business Conducted in Rhode Island				
THE PRACTICE OF ARCHITECTURE				

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Charles N. Tseckares			None		
Street Address			Street Address		
4 Dix Street					
City	State	Zip	City	State	Zip
Winchester	MA	01890			
Secretary Name			Treasurer Name		
Maurice F. Childs			Richard J. Bertman		
Street Address			Street Address		
71 Griggs Road			159 Ward Street		
City	State	Zip	City	State	Zip
Brookline	MA	02446	Newton	MA	02159

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
James McBain			Robert A. Brown		
Street Address			Street Address		
23 Cordis Street			97 Warren Avenue		
City	State	Zip	City	State	Zip
Wakefield	MA	01880	Boston	MA	02116
Director Name			Director Name		
Margaret Deutsch			David Hancock		
Street Address			Street Address		
Post Office Box 324			5 Ridgewood Drive		
City	State	Zip	City	State	Zip
Boston	MA	02114	Malden	MA	02148

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
12,000 COMM NO PAR VALUE			10,000	Class A	No par
			1,000	Class B	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *115497*

115497 FBC1/21/033:07:02 PM

File Date FILED

Check No.

JAN 31 2003

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Charles N. Tseckares 1/28/03

Signature of Officer *Date*

Charles N. Tseckares

Print or Type Name of Officer

[redacted] President

Title of Officer

Form 630 12/01

CBT/Childs Bertman Tseckares Inc.
(Corporate ID No. 115497)

Annual Report for 2003

Additional Directors

Christopher Hill
3 Wolcott Avenue
Andover, MA 01810

Alfred Wojciechowski
43 Halcyon Road
Newton, MA 02459

STATE OF RHODE ISLAND
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Office of the Secretary of State

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Corporations Division
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401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 115497
2. Name of Corporation: CBT/Childs Bertman Tseckares Inc.
3. Street Address Principal Business Office: 110 Canal Street
   City: Boston State: MA Zip: 02114
4. Business Phone No.: 617-262-4354
5. State of Incorporation: MASSACHUSETTS
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Practice of architecture

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Charles N. Tseckares	Vice President Name: Janis Mones
Street Address: 4 Dix Street	Street Address: 1 Trow Bridge Terrace
City: Winchester State: MA Zip: 01890	City: Cambridge State: MA Zip: 02138
Secretary Name: Maurice F. Childs	Treasurer Name: Richard J. Bertman
Street Address: 71 Griggs Road	Street Address: 159 Ward Street
City: Brookline State: MA Zip: 02446	City: Newton State: MA Zip: 02159

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: James McBain	Director Name: Robert A. Brown
Street Address: 23 Cordis Street	Street Address: 97 Warren Avenue
City: Wakefield State: MA Zip: 01880	City: Boston State: MA Zip: 02116
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
12,000 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
6,000	Class A	No par
600	Class B	No par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 5 4 9 7 *

File Date: 3-12-02
Check No: 48691
By: RMF
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Charles N. Tseckares 2/28/02
Signature of Officer Date

Charles N. Tseckares
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115497
2. Name of Corporation: CBT/Childs Bertman Tseckares Inc.

3. Street Address Principal Business Office: 110 Canal Street
City: Boston State: MA Zip: 02114

4. Business Phone No.: 617-262-4354
5. State of Incorporation: MASSACHUSETTS
6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island: Practice of Architecture

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Charles N. Tseckares
Street Address: 4 Dix Street
City: Winchester State: MA Zip: 01890

Vice President Name: Janis Mones
Street Address: 1 Trow Bridge Terrace
City: Cambridge State: MA Zip: 02138

Secretary Name: Maurice F. Childs
Street Address: 71 Griggs Road
City: Brookline State: MA Zip: 02446

Treasurer Name: Richard J. Bertman
Street Address: 159 Ward Street
City: Newton State: MA Zip: 02159

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: James McBain
Street Address: 23 Cordis Street
City: Wakefield State: MA Zip: 01880

Director Name: Robert A. Brown
Street Address: 97 Warren Avenue
City: Boston State: MA Zip: 02116

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
12,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
6,000	Class A	No Par
600	Class B	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 5 4 9 7 *

FILED
MAR 19 2001
By _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Charles N. Tseckares 3/6/01
Signature of Officer *Date*

Charles N. Tseckares
Print or Type Name of Officer

President
Title of Officer

File Date: 3/19/01
Check No.: RCT 260216
By: AMF

FOR SECRETARY OF STATE USE ONLY